

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

CASE NO.

Debtor:..... SSN XXX-XX-..... Current Monthly Income \$.....
Joint Debtor:..... SSN XXX-XX-..... Current Monthly Income \$.....
Address: No. of Dependents:
Telephone No.: TAX REFUNDS AND EIC FOR DISTRIBUTION:

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured/priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed or the recipient of government benefits.

(A) Debtor shall pay \$..... per (☐ monthly ☐ semi-monthly ☐ weekly ☐ bi-weekly)
to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer at:

.....
.....
.....

(B) Joint debtor shall pay \$..... per (☐ monthly ☐ semi-monthly ☐ weekly ☐ bi-weekly)
to the Chapter 13 Trustee. A payroll deduction order will be issued to Joint debtor's employer at:

.....
.....
.....

PRIORITY CREDITORS

Filed claims that are not disallowed to be paid in full: IRS \$ @ \$/month
State Tax Commission \$ @ \$/month Other \$ @ \$/month

DOMESTIC SUPPORT OBLIGATIONS (POST-PETITION) DUE TO:

in the amount of \$.....shall be paid \$...../month beginning
(☐ direct ☐ through payroll deduction ☐ through the plan)

PRE-PETITION DOMESTIC SUPPORT ARREARAGE DUE TO:

through in the amount of \$..... shall be paid at \$...../month
(☐ direct ☐ through payroll deduction ☐ through the plan)

HOME MORTGAGE(S)

MTG PMTS TO:..... BEGINNING.....@\$..... ☐ PLAN ☐ DIRECT

MTG PMTS TO:..... BEGINNING.....@\$..... ☐ PLAN ☐ DIRECT

MTG PMTS TO:..... BEGINNING.....@\$..... ☐ PLAN ☐ DIRECT

MTG ARREARS TO:.....THROUGH.....\$.....@\$...../MO*
(*Including interest at _____%)

MTG ARREARS TO:.....THROUGH.....\$.....@\$...../MO*
(*Including interest at _____%)

MTG ARREARS TO:.....THROUGH.....\$.....@\$...../MO*
(*Including interest at _____%)

Debtor's Initials..... Joint Debtor's Initials.....

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SECURED CLAIMS Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Interest Rate	Total Amt. To Be Paid	Monthly Payment
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.....
.....
.....
.....
.....

SPECIAL CLAIMANTS (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal To be Paid
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.....
.....
.....
.....
.....

SPECIAL PROVISIONS for all payments to be paid through the plan, including but not limited to, adequate protection payments:.....

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UNSECURED DEBTS totaling approximately \$.....are to be paid in deferred payments to Creditors that have timely filed claims that are not disallowed: IN FULL or% (percent) minimum.

Total Attorney Fees Charged \$.....

Attorney Fees Previously Paid \$.....

Attorney fees to be paid through the plan \$.....

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Name/Address/Phone No. of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone/Email)

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Telephone/Fax.....

Telephone/Fax.....

E-mail Address.....

DATE:..... DEBTOR'S SIGNATURE

JOINT DEBTOR'S SIGNATURE

ATTORNEY'S SIGNATURE